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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

App. No.: 10/623,936
Applicant: James R. Keene
Filed: 07/21/2003
Title: WEEP VENTING SYSTEM FOR MASONRY WALLS
Art Unit: 3635
Examiner: Unknown
Docket No.: KEEN.00009

Honorable Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF
ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

Dear Sir:

Applicant, through the undersigned, hereby requests that the Revocation of Power of Attorney with New Power of Attorney and Change of Address executed form included herewith be made of record and duly recognized.

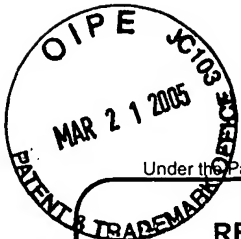
It is kindly requested that any comments or questions be directed to the contact information indicated below.

Respectfully submitted,

JUSTIN S. RERKO & ASSOCIATES, LLC

By: 

Justin S. Rerko, Esq.
Reg. No. 53,510
19836 Ellsworth Drive
Strongsville, OH 44149
Tel.: 440-320-1351
17 March 2005



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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

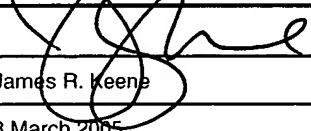
Application Number	10/623,936
Filing Date	21 July 2003
First Named Inventor	James R. Keen
Art Unit	3635
Examiner Name	
Attorney Docket Number	KEEN.0005

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 49884☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Justin S. Rerko & Associates, LLC				
Address	19836 Ellsworth Drive				
City	Strongsville	State	OH	Zip	44149
Country	USA				
Telephone	440-320-1351	Fax	440-268-0567		

I am the:

☒ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	James R. Keen		
Date	8 March 2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.